



**County of Los Angeles  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

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March 24, 2022

To: Supervisor Holly J. Mitchell, Chair  
Supervisor Hilda L. Solis  
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Supervisor Janice Hahn  
Supervisor Kathryn Barger

From: Ginger Pryor  
Acting Director

**ALLIES FOR EVERY CHILD  
FOSTER FAMILY AGENCY  
CONTRACT COMPLIANCE REVIEW**

**REVIEW OF REPORT**

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a virtual Contract Compliance Review of the Allies for Every Child Foster Family Agency (the Contractor) in July 2021. The Contractor has one office located in the First Supervisorial District. The office provides services to the County of Los Angeles DCFS placed children, Probation foster youth, children placed by other counties and Non-Minor Dependents.

**Key Outcomes**

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 1
PRIORITY 2 4
PRIORITY 3 1

CAD conducted a virtual Contract Compliance Assessment review of the Contractor's compliance within the following applicable areas: General Contract Requirements; Resource Family Home (RFH) Requirements; Facility and Environment; Engagement and Teamwork; Needs and Services Plans; Permanency; Education and Independent Living Program Services; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Files.

The Contractor was in full compliance with 8 of 11 applicable areas of CAD's Contract Compliance Review: General Contract Requirements; Resource Family Home Requirements; Permanency; Education and Independent Living Program Services; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Files.

For the purpose of this review, six DCFS placed children files were selected for the sample. CAD reviewed the files of the six selected children and virtually interviewed two children to assess the level of care and services they received, four children (two 1 year olds and two 2 month olds) were too young to be interviewed and were virtually observed to be clean, well-groomed and healthy. An additional five discharged children files were also reviewed to assess the Contractor's compliance with permanency efforts.

CAD reviewed four RFH files and five staff files for compliance with Title 22 Regulations and County contract requirements. CAD also conducted telephonic interviews with staff and virtual interviews with the Resource Family Parents. To assess the quality of care and supervision provided to the placed children and foster youth, DCFS also conducted virtual site visits at the Contractor's location and the RFHs.

CAD noted findings in the area of:

Priority 1

- Facility and Environment
  - A smoke and a carbon monoxide detector were not functioning.

Priority 2

- Facility and Environment
  - Each operable window did not have an intact window screen.
- Engagement and Teamwork
  - Child and Family Team (CFT) participant information was not documented.
  - Efforts to participate/collaborate in the CFT meetings were not documented.
  - CFT goals were not reflected in the Needs and Services Plans (NSPs).

Priority 3

- Needs and Services Plans

Each Supervisor  
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- NSPs were not comprehensive, accurate nor signed by Children's Social Workers (CSWs).

On August 23, 2021, the Children Services Administrator teams from DCFS' CAD and the Out-of-Home Care Management Division held an exit conference with the Contractor's representatives.

The Contractor's representatives agreed with the review findings and recommendations and were receptive to implementing systemic changes to improve the Contractor's compliance with regulatory standards.

The Contractor provided the attached approved Corrective Action Plan addressing the noted findings in this compliance report.

If you have any questions, your staff may contact me or Aldo Marin, Board Relations Manager, at (213) 351-5530.

GP:KDR  
LTI:ajrl

#### Attachments

c: Fesia Davenport, Chief Executive Officer  
Arlene Barrera, Auditor-Controller  
Dr. Adolfo Gonzales, Chief Probation Officer  
Public Information Office  
Audit Committee  
Heather Carrigan, Chief Executive Officer, Allies for Every Child  
Kellee Coleman, Regional Manager, Community Care Licensing Division  
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



LOS ANGELES COUNTY  
ALLIES FOR EVERY CHILD (FFA)



Corrective Action Plan

2021

## Engagement and Teamwork

20. CFT participants have been identified or the FFA has documented efforts to obtain the information

Facility

Site 665

**1. Explain the Cause.**

Human Error. Of the 6 child files reviewed, one child file showed that there was a lack of documentation requesting or participating in a CFT meeting, which resulted in CFT recommendations not being reflected into the child's NSP goals.

**2. Corrective Action Taken.**

By October 31, 2021, RFA Supervisor will review program requirements of: • requesting a CFT within 30 days of child joining a family, • documenting CFT requests in the "CSW Contact Log," • requesting meeting minutes of CFT, and • reflecting CFT recommendations into the treatment and goals section in NSP.

**3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.**

Allies will maintain ongoing compliance by: • Ensuring supervisor reviews the "CSW Contact Log" on a quarterly basis for documentation of CFT requests and that meeting minutes/notes are gathered (if applicable). • Prior to approving the NSP: o the RFA supervisor ensures that CFT recommendations/requests are integrated in the NSP treatment section o Any recommendations that arise from the CFT are to be reflected in the NSP goals.

21. The FFA documented efforts to participate in the children's CFT meetings and collaboration

Facility

Site 665

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22. The NSP goals reflected the children's CFT recommendations if shared with the FFA

Facility

Site 665

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## Facility And Environment

**14. Exterior and grounds of the RFH were safe and well maintained****14a. Each operable window has an intact window screen (Title 22 80087(a)(1), & 80088(b))**

Facility

Site 665

**1. Explain the Cause.**

Protocol not followed. Of the 4 resource families reviewed, one resource home had a damaged window screen. Resource Parent was aware of the damaged screen door, and already purchased the window screen, but did not replace right away.

**2. Corrective Action Taken.**

RFA Supervisor and RFA Social Worker communicated with RP, and it was replaced immediately. Confirmation of repair was sent, and it was received by DCFS on 8/6/2021.

**3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.**

RFA Supervisor coordinated a review of the Home Health and Safety Checklist with the RFA team, to take place on or before October 31, 2021. RFA Supervisor will discuss the role of this RP in maintaining compliance with Facility and Environment requirements, which includes the following expectations: • Resource Parent is to inform RFA SW of any damaged or broken items such as the screen • Resource Parent is to replace screen timely • Resource Parent is to notify social worker of completion of replacement RFA SW will review the above expectations in a training with this Resource Parent on or before October 31, 2021 and document this in the family file.

**15. Common areas were safe and well-maintained**

15f. A functioning smoke detector & carbon monoxide detector is installed in the hallways of all sleeping areas or an indoor sprinkler system is used (Title 22 80020; Title 19 754, Title 19, c. 5, Art. 4)

Facility

Site 665

#### 1. Explain the Cause.

Protocol not followed. Of the 4 resource families' reviewed, one resource home had a non-functioning smoke and carbon monoxide detector. Resource Parent was aware of the smoke detector and carbon monoxide detector not working, and already purchased replacements and had them in the home, but RP did not replace right away.

#### 2. Corrective Action Taken.

RFA Supervisor and RFA Social Worker communicated with RP, and the carbon monoxide and smoke detectors were replaced immediately. Confirmation of repair was sent, and it was received by DCFS on 8/6/2021.

#### 3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

RFA Supervisor coordinated a review of the Home Health and Safety Checklist with the RFA team, to take place on or before October 31, 2021. RFA Supervisor will discuss the role of this RP in maintaining compliance with Facility and Environment requirements, which includes the following expectations: • Resource Parent is to inform RFA SW of any damaged or broken items such as carbon monoxide and smoke detectors • Resource Parent is to replace detectors timely • Resource Parent is to notify social worker of completion of replacement RFA SW will review the above expectations in a training with this Resource Parent on or before October 31, 2021 and document this in the family file.

## Needs & Services

23. The NSPs were completed accurately and on time

## 23b. Are comprehensive and accurate

Facility

Site 632

Site 632

## 23g. Signed by CSW/DPO (or documented efforts to obtain signature))

Facility

Site 632

Site 632

Site 665

## 1. Explain the Cause.

Human Error - Placement date was in fact 5/24/21, was written incorrectly in NSP. Of the 6 children files reviewed, two children files had this finding. This was a sibling set in a resource home that ported over from the county, and the children were already in the home. While coordinating, there was a discrepancy of date due to porting confusion. There was a delay in Allies receiving the placement agreement which led to further confusion of dates.

## 2. Corrective Action Taken.

RFA Supervisor notified the RFA SW of the date discrepancy, and requested SW submit an addendum to reflect the correct placement date in most recent NSP by October 15, 2021.

## 3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

To maintain compliance in the future, when a family ports over from the county with children in care, the Allies Intake SW will confirm placement date on the Agreement (SOC 154A), and communicate this to the assigned SW and their supervisor. Supervisor will ensure that all placement dates in NSP's match the actual placement date.